

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, Georgia 30303-8909



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**SENT VIA INTERNET EMAIL TO [KSOWERS4@JHMI.EDU](mailto:KSOWERS4@JHMI.EDU)**  
**(Receipt of this notice is presumed to be March 7, 2019 – date notice e-mailed)**

March 7, 2019

Kevin Sowers, Interim President  
Johns Hopkins All Children's Hospital  
501 Sixth Avenue South  
Saint Petersburg, Florida 33701

Re: CMS Certification Number (CCN) 10-3300

Dear Mr. Sowers:

On February 21, 2019, a revisit survey was conducted by the Florida Agency for Healthcare Administration (AHCA) which determined that the immediate jeopardy to patient health and safety was removed. However, the following Conditions of Participation remain out of compliance:

42 CFR 482.12 Governing Body  
42 CFR 482.21 QAPI  
42 CFR 482.22 Medical Staff  
42 CFR 482.42 Infection Control

As a result, the termination date originally scheduled for February 23, 2019 has been extended to **April 11, 2019**. If Johns Hopkins All Children's Hospital is not in compliance by **April 11, 2019**, the Medicare agreement will terminate. The Medicare program will not make payment for inpatient hospital services furnished to patients who are admitted on or after **April 11, 2019**. For patients admitted prior to **April 11, 2019**, payment may continue to be made for a maximum of 30 days for inpatient hospital services furnished on or after **April 11, 2019**.

A listing of all deficiencies found is enclosed. Termination can only be averted by correction of the deficiencies, through submission of an acceptable plan of correction (POC) and subsequent verification of compliance by the Florida Agency for Healthcare Administration. The Form CMS 2567 with your POC, dated and signed by your facility's authorized representative, must be submitted to the Florida Agency for Healthcare Administration by **March 17, 2019**. An acceptable POC must contain the following elements:

- 1) The plan of correcting the specific deficiency cited. The plan should address the processes that lead to the deficiency cited;

- 2) The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- 3) The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- 4) The title of the person responsible for implementing the acceptable plan of correction.

Copies of the Form CMS-2567, including copies containing the facility's POC, are releasable to the public in accordance with the provisions of Section 1864(a) of the Act and 42 CFR 401.133(a). As such, the POC should not contain personal identifiers, such as patient names, and you may wish to avoid the use of staff names. It must, however, be specific as to what corrective action the hospital will take to achieve compliance, as indicated above.

Your facility will be revisited to verify necessary corrections. If CMS determines that the reasons for termination remain, you will be informed in writing, including the effective date of termination. If corrections have been made and your facility is in substantial compliance, the termination procedures will be halted, and you will be notified in writing. If your Medicare agreement is terminated and you wish to be readmitted to the program, you must demonstrate to Florida Agency for Healthcare Administration and CMS that you are able to maintain compliance. Readmission to the program will not be approved until CMS is reasonably assured that you are able to sustain compliance.

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 CFR 498.40, et seq. You must file your hearing request electronically by using the DAB's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov>, no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request must also be submitted electronically to [Jacqueline.whitlock@cms.hhs.gov](mailto:Jacqueline.whitlock@cms.hhs.gov). Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services  
Departmental Appeals Board, MS 6132  
Director, Civil Remedies Division  
330 Independence Avenue, S.W.  
Cohen Building – Room G-644  
Washington, D.C. 20201  
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense.

If you have any questions regarding this matter, please contact Jacqueline Whitlock with the CMS Atlanta Regional Office at 404-562-7437 or by e-mail at [jacqueline.whitlock@cms.hhs.gov](mailto:jacqueline.whitlock@cms.hhs.gov).

Sincerely,

Linda D. Smith  
Associate Regional Administrator  
Division of Survey and Certification

Enclosures: CMS Form-2567 Statement of Deficiencies

cc: Florida Agency for Healthcare Administration  
Joint Commission